

CITY OF HURST, TEXAS
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE/PERMIT
Return this form and supporting documents to City Secretary's Office, 1505 Precinct Line Road

Date: _____

The City license/permit applied for should be the same as TABC license/permit.

Check all appropriate boxes	<input type="checkbox"/>	On Premise	<input type="checkbox"/>	RM Mixed Beverage Permit with Food and Beverage Certificate Required
<input type="checkbox"/> Original			<input type="checkbox"/>	MB Mixed Beverage Permit
<input type="checkbox"/> Renewal			<input type="checkbox"/>	FB Food and Beverage Certificate
<input type="checkbox"/> Change in Ownership			<input type="checkbox"/>	BG Wine and Malt Beverage Retailer's Permit
<input type="checkbox"/> Change Location			<input type="checkbox"/>	BE Retail Dealer's On-Premise License
<input type="checkbox"/> Change Manager/Director			<input type="checkbox"/>	LH Late Hours Certificate
		Other	<input type="checkbox"/>	
		<input type="checkbox"/> Off Premise	<input type="checkbox"/>	BQ Wine and Malt Beverage Retailer's Off Premise Permit
			<input type="checkbox"/>	BF Retail Dealer's Off Premise Permit
			<input type="checkbox"/>	P Package Store Permit
			<input type="checkbox"/>	Q Wine-Only Package Store Permit
			<input type="checkbox"/>	LP Package Store Local Distributor's Permit
		Other	<input type="checkbox"/>	

1. Trade Name/DBA: _____

Address: _____

2. Name of business/owner, if known by another name, such as a corporation, partnership, etc:

3. Applicant name: (first, middle, last): Circle Mr. or Ms.

(Individual responsible for overseeing business. Do not list business or corporation name here.)

4. Email address: _____ Date of Birth: _____

5. Business Phone: () _____ Cell Phone: () _____

6. Current residence address: _____
(include city, state, zip code)

7. Mailing address, if different: _____
(include city, state, zip code)

New Applicant or Manager/Director Change

☐ Attach Fingerprint Card – Obtain at Hurst Justice Center, 825 Thousand Oaks (located behind City Hall) Fee: \$10.00

New Applicant Only

☐ Attach scaled drawing of business in relation to streets, property lines, nearest church, public school and public hospital.

8. Names and address of all persons with interest in said business. (Use a separate sheet, if necessary) (Insert “Not Applicable (N/A)”, if appropriate:

PACKAGE STORE APPLICANT ONLY

By signing below, Applicant acknowledges they are subject to the requirements of Article XIV Package Stores of the Code of Ordinances and agrees to comply with same.

Signature of Applicant

ALL APPLICANTS

I authorize the City of Hurst to verify with the appropriate state agencies all sworn copies of state sales tax returns and state alcoholic beverage tax returns filed by the above-named establishment and submitted to the City Secretary. I authorize the Hurst Police Department to obtain my fingerprints, photograph, height, weight, and other necessary descriptive information, and furthermore affirm that the information provided herein is true and correct.

Signature of Applicant

*****CITY AUTHORIZATION*****

1. The above listed applicant provided the appropriate forms prescribed by the City of Hurst and Texas Alcoholic Beverage Commission.

Rita Frick, City Secretary _____ Date: _____

2. The reputation of the applicant and/or business associates on this form have been investigated and found to be acceptable for the operation of an establishment wherein the sale of alcoholic beverages is permitted.

Chief of Police or designee _____ Date: _____

3. The property and building have been found to be in conformance with City ordinances regulating same for the purpose of sale of alcoholic beverages at the place of business names herein. Yes ____ No ____

a. The property is within 300 feet of a church, public school or hospital. Yes ____ No ____

City Planner _____ Date _____

4. This application is in conformance with municipal ordinances and state law, and said application is therefore qualified for a license permitting the sale of alcoholic beverages at the business named herein.

City Attorney _____ Date _____